Los Angeles Unified School District

CERTIFICATION/REQUEST OF ABSENCE FOR ILLNESS, FAMILY ILLNESS, NEW CHILD

EMPLOYEE INFORMATION (Please		343	700		Francisco No.
Last Name	First Name	AVV A	STR	M.I.	Employee No.
Work Location Name	Job Title	37.18	7. F.		Employee's Telephone No.
REASON FOR ABSENCE		PO OF EDV	UCA		
1. Check one: New absence	☐ Extension (_	ermittent absence/Reduced schedule
2. Starting date of absence / Mo. Da	 av Yr.	Last date	of absence	e (expect	eted) / / Mo. Day Yr.
3. Total time (expected) of absence:	weeks;	days	/s;	_ hours.	.
NOTE: This form does not superse 1065), when required.	ede or replace	a the Leave or	i Absence	Reques	st Form (PC Form 5006), or (HR Form
4. Select appropriate type of leave:					
[The following types of absence may qua					
California Family Rights Act ("CFRA").					
conditions (see page 2). LAUSD may a meets legal requirements.]	also, on its ow	/N, designate a	an absence	∂/leave a	AS FMLA/CFKA, If the absence
A) My Personal Illness/Injury					[See #7 below.]
☐ B) My Occupational Illness/I	/Injury or Act of	f Violence			
					[See #7 below.]
☐ E) Illness/Injury/Disability_M	My Family Mem	nher (relation			[See #7 below.]
(Personal Necessity requ	/ly Fallilly wich	ibei (i eialioii _	· Kin-C	Sare regu) [See #7 below.]
☐ F) Accident Involving My Fa	amily Member ((relation	, 1 ~	/aic icq	uested) [See #7 below.]) [See #7 below.]
G) Time-off for New-Born/N	lewly adopted/h	New foster care	e		Provide verification
(NOTE: Absences "A" through "D" n	nay qualify as	s Illness leave;	e; "E", "F" &	& "G" as	s Personal Necessity; "E" may also be
· (CER & INCORRATION		Kin-Care.	<u>- </u>		
FMLA/CFRA INFORMATION					
 5A. Is the absence due to a "serious he (Important Note: To confirm serious within 15 calendar days') 5B. If yes, do you have in your possess 	ıs health conditi	tion, you are red	equired to re	eturn "FM	MLA Certification of Health Provider
6. Do you request FMLA/CFRA protect		District website	or your sur	pervisor (for FMLA facts)
IMPORTANT LAUSD INFORMATION	N				
'Physician Statement' is required if ab Rules. 'FMLA Certification of Health C					
7. Is the appropriate medical certification (NOTE: If the answer is "No", the corr	n submitted wit	th this request?	?		No Not Required (new child) arately and promptly.)
8. Is the request being made for unpaid		_	☐ No	•	· .
I certify I was not and will not be emplorer tification. I certify my absence during the unwillingness to cross picket lines, and Furthermore, I certify my absence during appropriate Collective Bargaining Agreem processed, any unearned wages paid as a that the foregoing is true and correct.	this period was I I would have ng my hours of ment. I also a a result will be	s not and is not been available of assigned dutagree and auth e collected from	ot for participole for duty uty is becau horize that on the next p	ipating in y if it had ause of the once the paycheck	n a strike/work stoppage or because of n ad not been for the reason cited abov the listed reason in accordance with the e correct benefit usage charged above
Employee's Signature:					Date:
Administrator/Supervisor's Acknowledge	owledgemen	nt:			
Print Name	<u>Si</u>	gnature	CHO		Date
	•	3/1/1/	Pier		_
For Administrator/Supervisor: Do yo Explanation		3/	be approve	;d? ∟ 	☐ Yes ☐ No
		OARS OF ED	ATIO.		
Use separate paper, if needed)		OF EDV			